

_____ (County Name)

COUNTY CERTIFICATION
Prevention and Treatment Cost Report
Year-End Claim for Reimbursement
Fiscal Year 2001-02

PART I: I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Alcohol and Drug Program services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1096 of the California Government Code; that the amount for which reimbursement is claimed herein is in accordance with Division 10.5, Part 2, Chapter 4, and Division 10.5, Part 3, Chapter 4 of the California Health and Safety Code; and that to the best of my knowledge and belief this claim is in all respects true, correct, and in accordance with law.

DATE: _____ SIGNATURE: _____
County Alcohol and Drug Program Administrator

EXECUTED AT _____, CALIFORNIA

PART II: I CERTIFY under penalty of perjury, that I am the duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts.

DATE: _____ SIGNATURE: _____
TITLE: _____
County Auditor-Controller, City Finance Officer, etc.

EXECUTED AT _____, CALIFORNIA

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	CLAIM FOR REIMBURSEMENT	ADVANCES PAID TO DATE	ADJUSTMENTS	NET REIMBURSEMENT
State General				
Medi-Cal Federal				
Block Grant – FFY 2001				
Block Grant – FFY 2002				
S.D.F.S.C. – SFY 2000				
S.D.F.S.C. – SFY 2001				
TOTAL FUNDING				

DATE: _____ SIGNATURE: _____
DEPARTMENT OF ALCOHOL & DRUG PROGRAMS